



Denise Juneau, Superintendent  
Montana Office of Public Instruction  
PO Box 202501  
Helena, Montana 59620-2501  
www.opi.mt.gov  
ATTN: Educator Licensure

## Update Form Class 2 Standard Teaching License to Class 1 Professional Teaching License

### USE THIS FORM WHEN THE FOLLOWING CONDITIONS EXIST:

- You hold an active, Class 2 Montana Standard Teaching License; *and*
- You have completed a master's degree, *and*
- You can verify 3 years of successful teaching experience.

### SECTION I: Educator Information

|                                       |                       |            |               |             |       |                |                |
|---------------------------------------|-----------------------|------------|---------------|-------------|-------|----------------|----------------|
| Last Name                             |                       | First Name |               | Middle Name |       | Former Name(s) |                |
| Mailing Address (Street, RFD, PO Box) |                       |            | City          |             | State | ZIP            | E-Mail Address |
| Folio Number                          | Last 4 digits of SSN: |            | Date of Birth | Home Phone  |       | Work Phone     |                |

### SECTION II: Verification of Requirements Met:

#### 1. Official transcript verifying your Master's degree;

*Official transcripts may be sent from your university directly to OPI.*

*Photocopies, official grade reports or internet-based grade reports will not be accepted.*

- ☐ Enclosed *or*  
☐ Coming from University

#### 2. Verification of Education Experience form(s), completed by your employer(s).

- ☐ Enclosed *or*  
☐ Coming from Employer(s)

### SECTION III: Signature

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

### NOTES:

*No fee is required with this form.*

*The validation dates of your license do not change when updating from a Class 2 to a Class 1 license. Your Class 1 license will still expire on the same date your Class 2 license would have expired.*

*Please be sure to verify your new license once it is received for accuracy of endorsements and dates.*



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## Verification of Education Experience

### INSTRUCTIONS & EXPERIENCE REQUIREMENTS

This form should be prepared and signed by the appropriate school official. The **current** appropriate administrator may sign this form based on personnel records. If you need to send this form to more than one district or if you need additional space, please make a photocopy of this form.

#### Class 1 Professional Teaching License Experience Requirements:

Three (3) years of successful teaching experience, the majority of which must have been obtained in a K-12 structure.

### SECTION I: Candidate Information

|                                       |                    |               |                |     |                |
|---------------------------------------|--------------------|---------------|----------------|-----|----------------|
| Last Name                             | First Name         | Middle Name   | Former Name(s) |     |                |
| Mailing Address (Street, RFD, PO Box) |                    | City          | State          | ZIP | E-Mail Address |
| Folio No.                             | Social Security No | Date of Birth | Home Phone     |     | Work Phone     |

### SECTION II A: Teaching Assignment

|  |  |  |                                    |                              |
|--|--|--|------------------------------------|------------------------------|
| Dates of Employment:<br>From: /<br>To: / |  | <input type="checkbox"/> Full Time             | <input type="checkbox"/> Part Time | Please describe "Part Time": |
| Grade(s) taught                          | <input type="checkbox"/> Teacher<br><input type="checkbox"/> Other | Please explain "Other" or job-specific duties: |                                    |                              |

### SECTION II B: Administrative Assignment

|  |  |   |  |                              |
|--|--|---|--|------------------------------|
| Dates of Employment:<br>From: /<br>To: / |  | <input type="checkbox"/> Full Time  | <input type="checkbox"/> Part Time             | Please describe "Part Time": |
| Grade(s)                                 | <input type="checkbox"/> Administrator<br><input type="checkbox"/> School Psychologist | <input type="checkbox"/> School Counselor<br><input type="checkbox"/> Other | Please explain "Other" or job-specific duties: |                              |

### SECTION III: Verification & Signature

|   |         |       |              |       |     |
|---|---------|-------|--------------|-------|-----|
| I hereby affirm that this experience was: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (please attach a letter of explanation) |         |       |              |       |     |
| Signature   |         | Title |              | Date  |     |
| Printed Name  |         |       | Phone Number |       |     |
| School/District   | Address |       | City         | State | ZIP |